

MDR Tracking Number: M5-04-0043-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on September 3, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with § 133.308(r)(9), the Commission hereby Orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the Order, the Commission will add 20-days to the date the Order was deemed received as outlined on page one of this Order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits, physical therapy modalities and rehabilitation were found to be medically necessary. The respondent raised no other reasons for denying reimbursement of the office visits, physical therapy modalities and rehabilitation charges.

This Order is hereby issued this 19th day of November 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 8/1/02 through 12/30/02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 19th day of November 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/mqo

November 17, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

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IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ was injured on his job when he was lifting a transmission for a truck and had an immediate onset of severe low back and neck pain accompanied by partial incontinence. MRI of the cervical spine indicated a large herniation at C6/7 along with some generalized degeneration of the spine in the cervical region. Lumbar MRI revealed disc herniations at L3/4 and L4/5. He underwent surgery for the lumbar herniations and developed a complication in the form of cauda equine syndrome. The spine was again surgically repaired, this time with a fusion and decompression from L3 to the Sacrum. Later he underwent surgery for the cervical spine discopathy. He was found to be at MMI on multiple occasions by ___, the final time being September 24, 2002. Impairment was assessed at 40% whole person. A peer review was performed by ___, which stated that no care was reasonable after May 29, 2001.

DISPUTED SERVICES

The carrier has denied the medical necessity of office visits, physical therapy modalities and rehabilitation from August 1, 2002 through December 30, 2002.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

The findings on this case are based on the fact that this patient was post surgical x2 in the lumbar spine as well as post-surgical in the cervical spine. The treatment rendered was palliative in nature, but considering the condition of the patient it was the only option available, according to documentation. The reasonableness of the treatment plan is based on the condition of the patient. It would not take a wealth of knowledge of healthcare to see that this patient was greatly debilitated and in need of passive care for the purpose of pain control. This patient seemed to benefit from the care and it is considered reasonable care from the standpoint of the reviewer. As a result, the care is found to be necessary for the patient to receive the care rendered.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,